

FORM NO. 3

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia.

McCaw.

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 160

Registered No. 2

(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11

(2) Full Name of Child *Barroll Holston*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

*0*

(5) Number in order of birth

*10*

(6) Are Parents Married?

*Y*

(7) DATE OF BIRTH

*June 27, 1914*

## FATHER.

(8) FULL NAME

*Wm Holston*

(9) PRESENT POSTOFFICE OF FATHER

*Abbeville S.C.*

(10) COLOR OR RACE

*Black*

(11) AGE AT LAST BIRTHDAY

*43*

(12) BIRTHPLACE

*Abbeville Co*

(13) OCCUPATION.

*Furrier*

(20) Number of children born to mother, including present birth

*10*

(14) NAME BEFORE MARRIAGE

*Julia Allen*

(15) PRESENT POSTOFFICE OF MOTHER

*Abbeville S.C.*

(16) COLOR OR RACE

*Black*

(17) AGE AT LAST BIRTHDAY

*32*

(18) BIRTHPLACE

*Abbeville Co*

(19) OCCUPATION

*Housewife*

(21) Number of children of this mother now living, including present birth

*10*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*\*

(22) I hereby certify that I attended the birth of this child, who was born at *1030* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*E. C. Paulk*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Phys**Abbeville S.C.*

Given name added from a supplemental report

1914

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

*June 27, 1914*

(28)

*P. Russell*

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

LOCAL REGISTRAR

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